



Customer No. 26308

PATENT

3738
/H

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Aboul-Hosn Attorney Docket No.: 9261.16761-CIP 2 PCT US
Serial No.: 09/462,656 Examiner: Bruce E. Snow
Filed: 14 January 2000 Group Art Unit: 3738
For: Transport Pump and Organ Stabilization Apparatus Including Related Methods

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450



AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

RECEIVED
OCT 28 2003
TECHNOLOGY CENTER R3700

STATUS

2. Applicant is
[x] a small entity
[] other than a small entity.

CERTIFICATE OF MAILING (37 CFR 1.8(a))

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United State Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed as follows: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450

Date: 17 October 2003

Linda S. Wenzel

Type or print name of person mailing paper

Linda S. Wenzel
(Signature of person mailing paper)

FEE FOR CLAIMS

4. The fee for claims (37 CFR 1.16(b)-(d)) has been calculated as shown below:

	Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate	Additional Fee (Small Entity)	Additional Fee (Large Entity)
Total Claims 37 CFR 1.16(c)*	5	-46 =	(41)	x \$ 9.00	\$0	\$0
Independent Claims (37 CFR 1.16(b)**	2	-10 =	(8)	x \$ 43.00	\$0	\$0
First Presentation of Multiple Dependent claim(s) if any (37 CFR 1.16(d))				\$145.00	\$0	\$0
Total Additional Fee					\$0	\$0

* If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20".

** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest No. Previously Paid For" (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

WARNING: "After final rejection or action (S 1.113) amendments may be made cancelling claims or complying with any requirement of form which has been made." 37 CFR S 1.116(a) (emphasis added).

(complete (c) or (d) as applicable)

(c) ☒ No additional fee for claims is required.

OR

(d) ☐ Total additional fee for claims required \$_____.

FEE PAYMENT

5. ☒ Attached is a check in the sum of \$ 475.00.

☐ Charge Account No. _____ the sum of \$_____.

A duplicate of this transmittal is attached.

FEE DEFICIENCY

NOTE: *If there is a fee deficiency and there is no authorization to charge an account, additional fees are necessary to cover the additional time consumed in making up the original deficiency. If the maximum, six-month period has expired before the deficiency is noted and corrected, the application is held abandoned. In those instances where authorization to charge is included, processing delays are encountered in returning the papers to the PTO Finance Branch in order to apply these charges prior to action on the cases. Authorization to charge the deposit account for any fee deficiency should be checked. See the Notice of April 7, 1986, (1065 O.G. 31-33).*

6. [x] If any additional extension and/or fee is required, charge Account No. 06-2360.

AND/OR

- [x] If any additional fee for claims is required charge Account No. 06-2360

Patricia A. Limbach

SIGNATURE OF ATTORNEY

Reg. No.: 50,295

Patricia A. Limbach

TYPE OR PRINT NAME OF ATTORNEY

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